

A regional scan of Local Government Innovations and Experiences in addressing the HIV/AIDS challenge in Sub-Saharan Africa with specific focus on urban areas.

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Abstract.

There is a visible groundswell of activities at every level of society to address HIV/AIDS. Because Africa is the epicenter of the challenge a lot of attention is directed at the continent. The role of local government and civil society organizations in partnership as well as collaborating with the private sector has received treatment in the literature. This paper notes and discusses a few *baseline case studies* that evidence or indicate commendable local government innovations. It however observes that documentation and cross-municipal as well inter-country experience sharing is still limited. At the same time the limited of decentralization in the continent is noted as constraining effective planning, mainstreaming and management of HIV/AIDS responses. Huge service and implementation gaps attributed to resource constrains are also discussed. Conscious capacity building for government and the myriad civic formations, robust resourcing mechanisms, collaborative situational analyses and sensitive management of the transformative effects of responding to HIV/AIDS, among others are cited as critical areas of focus as well as targets for further inquiry.

Table of Contents;

1.0. Introduction;	4
1.1. Objectives of the paper;	5
1.2. Structure and limitations of the paper;	6
2.0. Rationale for HIV/AIDS responses at local government level;	8
2.1. Local Governments as Community;	9
2.2. Local Planning and Accountability;	9
2.3. HIV/AIDS as a Direct Threat to Local Government Viability;	10
2.4. Higher HIV/AIDS Prevalence and Huge Service Gaps;	10
3.0. Typical response categories;	12
3.1. Implementation of a National Strategy;	12
3.2. Offering Leadership and Mobilization Responses;	14
3.3. Assessment for HIV/AIDS Responses;	15
3.4. Internal Responses;	15
3.5. Multi-sectoral and Integrated Response Planning;	16
3.6. Coordinating and Supporting Local Responses;	16
3.7. Inter-local authority collaboration/networking.	17
4.0. Challenges and Success Factors;	18
4.1. Disjuncture between Policy Development and Implementation;	18
4.2. Human Resource Issues;	18
4.3. Centre-local Relations;	18
4.4. Definition of Local Government Coordination Functions;	18
4.5. Funding mechanisms;	19
4.6. Unique (especially urban) demographics;	19
4.7. The gender challenge;	20
4.8. Key Success Factors;	20
5.0. Selected Cases/Innovations;	23
5.1. The City of Manzini-Swaziland;	23
Table 1; Multi-sectoral service provision in Manzini;	24
5.2. The City of Abidjan-Cote d'Ivoire;	24
5.3. The City of Blantyre-Malawi;	24
5.4. The City of Msunduzi-South Africa.	26
5.5. Otjiwarongo (Namibia);	27
5.6. Systematizing Responses;	28
6.0. Emerging Lessons and Issues;	32
6.1. Decentralization and HIV/AIDS;	32
Box 1; In-exhaustive list of local government HIV/AIDS services or products;	33
6.2. Funding of Responses;	33
6.3. Coping with & Structuring Organic Responses;	33
6.4. Working in and/or Managing Partnerships;	33
6.5. Capacity and Capacity Building;	34
6.6. Documenting Best Practices and Developing Guidelines;	34
7.0. Conclusion;	35
8.0. Bibliography.	37

Appendix 1; Examples of mainstreaming HIV/AIDS in Municipal
functions..... 39

1.0. Introduction;

About 30 out of 42 million people living with HIV/AIDS in the world live in Sub-Saharan Africa (World Bank 2004). In 2004 an estimated 3.1 million people were newly infected up from 2.9 million in 2002 while 2.3 million Africans died of the disease compared to 2.1 million in 2002 (UNAIDS/WHO 2004). With just over 10% of the world's population Sub-Saharan Africa is however home to 60% (25.4 million in 2004 up from 24.4 in 2002) of all people living with HIV/AIDS (ibid). As such the region is regarded as the epicentre of the disease and in this region Southern Africa has the highest prevalence with most countries in this sub-region having national prevalence rates of above 10%.

From an era when HIV/AIDS was generally regarded as a medical problem, it is now regarded as a developmental challenge. Curtis (2004) observes that HIV/AIDS challenges medical understanding as well as our understanding of how society works or can be made to work. With the growing understanding of the diverse impacts of HIV/AIDS, the approaches to dealing with the epidemic have also become more complex and multi-stakeholder driven.

Based on a study of Zimbabwe Price-Smith et al (2004), assert that HIV/AIDS constitutes a threat to national security, destabilizes societies, economies and governance structures. The security and governance implications of the disease are however under-researched (Makoa 2004, Curtis 2004, Moran 2004, Price-Smith et al 2004). Others have also noted that the implication of HIV/AIDS on decentralisation (and vice-versa) is another under-researched area (Kelly 2004). As such this scan (study) could contribute to the initiation of a framework within which the transformative effects of the fight against HIV/AIDS on local governance can be looked at and programs of action developed.

Efforts at the international level, by national governments as well as at sub-national (local government and community) level are increasingly being couched within a developmental framework (beyond medical concerns). As the challenge grows in terms of new infections and the impact on society it is important to find innovative ways of addressing it. Innovations are required at two levels. The first one relates to mobilizing resources, both financial and non-financial. In mobilizing resources it becomes possible to increase the scale and reach of efforts. The second is in terms of organization of the response where institutional arrangements come into play. This covers issues of the type and level of involvement of public, private and private voluntary organizations. The involvement of a broad spectrum of actors enables resource mobilization, generation of new ideas and their effective deployment.

Acknowledging HIV/AIDS as a multi-sectoral and multi-stakeholder challenge is a recent development and coincides with growing appreciation of the need to address socio-economic issues in a decentralized manner. UNAIDS (2004) notes that, particularly in Africa, it is misleading to talk of one epidemic as there are many epidemics. The heterogeneity of the epidemic defined in relation to its intensity, pace and impact, among others, requires locally-appropriate prevention, treatment and care as well as impact cushioning strategies.

A number of authorities recognize that governments in Sub-Saharan Africa have given a belated treatment to issues of HIV/AIDS (Makoa 2004, Kelly 2004, Ngwena not dated). Most concerted responses by national governments in the continent occurred in the mid to late 1990s despite the first cases of HIV/AIDS having been recorded in the mid-1980s. The involvement of local government bodies in the fight against HIV/AIDS is even a later development (Ngwena not dated).

In terms of the HIV/AIDS challenge two common starting points are discussed in the literature. One approach places a lot of emphasis on government leadership in terms of creating a framework for and motivating civil society and private sector action (Canadian HIV/AIDS Legal Network, 2001.). Zimbabwe's National HIV/AIDS Policy highlights this approach as well while also emphasizing the need for a multi-sectoral approach. The role and place of government leadership at the highest possible level has often been theorized as political commitment with examples in Africa like Uganda and Senegal being cited as good practices (Moran 2004, Curtis, 2004). Others have called this the 'AIDS champion' theory with Kenneth Kaunda and Yoweri Museveni being cited as examples (Canadian HIV/AIDS Legal Network, 2001). The other approach is where initiatives emerging from the ground are the starting point based on community advocacy and actual actions (ibid). Such processes are usually deployed to secure or motivate national level actions by politicians and bureaucrats.

These two approaches reflect the tension between a bureaucratic/professional approach and community-driven initiatives as bases for action on HIV/AIDS or any other developmental challenges. However, experience shows that both are not mutually exclusive and in fact most success stories are based on national leadership, community initiatives and effective dialogue between the two levels. In view of the thrust towards decentralized service delivery local government has become an important sphere in the fight against HIV/AIDS.

1.1. Objectives of the paper;

This paper seeks to address a gap identified by FCM and MDPEA in terms of a good overview of what is going on in Africa regarding municipal responses to HIV/AIDS. This applies to countries where the two organizations are working as well as those where they do not have active

programs. There is awareness, however, that there is a huge body of literature and information on HIV/AIDS generally and that some initiatives have been undertaken that relate to Municipal level responses. FCM and its partners need to develop a clear strategy on Municipal responses to HIV and AIDS, based on a critical analysis of existing information and cases, and to integrate this strategy into ALGP and MPP work.

Pursuant to the above, a desk study and literature review was commissioned to essentially do a stock-taking exercise leading to a report that will detail and critically engage with the experiences or innovations. This report is based on the literature review and analysis done over a two month period. Given the volume of available literature, the material accessed and analyzed was chosen on the basis of a framework that focused attention on key urban local authority responses (Appendix 1).

No claim to completeness is made in this paper concerning the depth and breadth of innovations that exist in the continent on this subject. A *'what is happening where'* scenario would have been unwieldy given challenges associated with the huge number of cases as well as the lack of adequate and accessible documentation for a good number of some of the cases especially for smaller local government areas/units. However, the analysis of the cases chosen is deemed detailed and representative enough in terms of illuminating the fundamental issues. In keeping with the focus of the study, the paper gives attention to the distilling of issues and lessons that are critical for the replication and scaling up of the innovations identified.

1.2. Structure and limitations of the paper;

The paper is structured into seven chapters with the first being an introductory section. The second section covers the rationale for looking at the innovations and experiences with respect to HIV/AIDS at the local government level. This section seeks to provide a compelling justification and insights into why the fight against HIV/AIDS has to, of necessity, be located within local government areas. This section is followed by a discussion of the typologies of responses that local authorities have tried or are trying. This section tries, based on Kelly (2004), to take the traditional internal-external response dualism a step further by discussing the other options in terms of responses.

The fourth section looks at the challenges, risks associated with and success factors relevant for the local government responses to the HIV/AIDS. This section creates a framework for the fifth section in that the presentation of cases (section five) is then based on the need to illuminate the challenges, risks and success factors as a basis for distilling good practice for others to adopt. Section six looks at the emerging gaps and questions that need to be addressed if the local government responses are to become more effective. The last section (seven) concludes the paper by pulling together implications

and identifying some of the research and development challenges that MDPESA and its partners could address to strengthen local government responses to HIV/AIDS.

Literature on responses to the HIV/AIDS challenge in general but not particularly in relation to local government is quite abundant both from the Internet as well as from published sources. Much of the literature does not necessarily focus on the local government dimension particularly the structuring of responses and the effects thereof. Notwithstanding this, the material accessed provided a sufficient basis for this analysis, which is however not exhaustive.

A follow-up analysis of specific cases on the ground will deepen our understanding of the experiences. An example is the Abidjan case where funding of NGOs from the local authority budget needs to be further explored to identify the effect this has had or is having on the fight against the epidemic. The nature of written material is such that incompleteness cannot be addressed, the biasing effects of author-inspired sanitization and audience-slanting cannot be exclusively eliminated let alone identified. Doubts about the authenticity of some 'web-postings' is also something to take into account, which is a major challenge associated with Web-based research.

2.0. Rationale for HIV/AIDS responses at local government level;

Local Government bodies perform a number of functions particularly in relation to provision of services to and development of infrastructure required by the citizens living within their administrative jurisdiction. The services and infrastructure relate to;

- General administration of the local government area.
- Water, sanitation and environmental amenity/health.
- Road and transport utilities.
- Health, education and other social welfare services.
- Economic activities undertaken in the local government area.

The provision of such services and infrastructural facilities are structured through land-use planning, development control and/or regulation. Environmental regulation also constitutes a means through which local government bodies ensure that the services and infrastructure provided are used in a way that enable retention of environmental amenity and public health. Environmental regulation entails actual monitoring of the activities of the different land owners and users to ensure that they do not lead to pollution of the land, water and other natural resources or spaces in the local government area.

In performing these functions local government bodies traditionally play a service provision role singularly or in partnership with private and private voluntary agencies. The latter (partnerships) are a recent development which has not taken root in most countries although it is being actively promoted as a means for enhancing effective, efficient and provide scope for innovations in service provision. With decentralization, local government bodies are increasingly being expected to coordinate development activities at the local level. Linking civil society organizations of various forms and pursuing diverse objectives with the communities as well as other actors has become important in an effort to enhance responses to the myriad development challenges that are brought to the attention of local authorities.

Coordinating or integrating the different activities of different actors brings with it new roles for local government bodies. These roles or demands transform the way local government works or is structured. Some of the demands placed on local governments include the need to invest in understanding the different actors' functions and operational contexts as a basis for effectively guiding, facilitating and/or mobilizing the efforts of the actors. In this respect one of the key roles for local government bodies becomes collection, collation and dissemination of information (relevant and up-to-date) that meets the needs of the different actors and enables to respond appropriately to development challenges.

New expectations and roles bring with them a requirement for new ways of working. The HIV/AIDS challenge, among other broader service and infrastructure planning and provision imperatives, has brought with it such a transformative 'demand' on local government. This is mainly because HIV/AIDS affects and is affected by all other services that local government bodies offer. The sub-sections that follow provide the specific rationale behind local government responses to HIV/AIDS.

2.1. Local Governments as Community;

At a very basic level local governments constitute the space within which people live together and create structures or institutions to address their needs. President Sam Nujoma (2000) notes that local governments are the spaces for forming and nurturing citizenship. He proceeds to acknowledge that they are a cornerstone of the African community and as such need to be at the center of the fight against HIV/AIDS as well as the other challenges faced. UNDP/UN-HABITAT (2002) note that the Millennium Development Goals (MDGs) and Targets are unlikely to be met unless local governments take an active role in fighting the epidemic.

The notion that one draws from President Nujoma and the UNDP/UN-HABITAT is one of grounding national efforts at local government level. If kept at higher levels national strategies run the risk of sector-based, centralized and ineffective rather than broad-based, participatory and localized planning and management of responses. The latter approach to development enhances sustainability and effectiveness and local government (as community) is best placed to structure, facilitate and lead local level development initiatives.

As community local government is the sphere where people interface with policy and in the process influence or participate in both policy-making and implementation. In terms of the HIV/AIDS epidemic issues of problem magnitude and service gaps are better defined and addressed at the local level. As such local governments cannot avoid getting involved in the fight against HIV/AIDS.

2.2. Local Planning and Accountability;

Kelly et al (2004) observe that Municipalities are the accountable authorities at the local level. As such they need to take stock of and also to promote HIV/AIDS responses directly as with other developmental challenges confronting citizens within the administrative jurisdiction. This also includes cultivating relationships or partnerships with other relevant organizations. Local government legislation places the service delivery and poverty alleviation responsibility on local governments and as such it is important for the planning processes at this level to reflect the link between HIV/AIDS and other developmental priorities. This is important as this then sets the

framework for other actors' planning and development management processes.

In this regard therefore, there is an expectation that local governments provide leadership and some form of guidelines to enable the private sector and civil society organizations to mainstream HIV/AIDS and other priorities based on community needs in their plans. As elected bodies, Municipalities owe it to their constituencies to respond to the challenges associated with HIV/AIDS and to do so effectively.

2.3. HIV/AIDS as a Direct Threat to Local Government Viability;

Notwithstanding the decentralized service provision and local government comparative advantage arguments, there are others factors that justify local government activity in the HIV/AIDS sector. These include reduced productivity, population numbers and inability to pay for services despite growing demand, lower life expectancy and high infant mortality. At the same time increasing poverty levels and urban inequality, burgeoning populations of orphans, the elderly and the sick needing care all make it difficult for local governments to remain viable. It is also important to observe that some of these factors directly affect local governments as some of their staff and councilors might be affected or infected and thus not be able to perform their functions. It becomes unavoidably critical that local governments engage with and provide leadership pertinent to addressing the HIV/AIDS challenge.

2.4. Higher HIV/AIDS Prevalence and Huge Service Gaps;

Urban areas generally have higher HIV/AIDS prevalence rates than national or provincial areas (Kelly 2004). This observation is confirmed by Kumwenda et al (2004) with respect to Blantyre and the UNDP/UN-HABITAT (2002) in terms of Johannesburg. A further factor relates to the huge service gap as evidenced by the high numbers of people in need of urban services. The urban service gap is expressed in terms of proportion of people living in informal urban settlements, which is estimated to be about 66% (UNDP/UN-HABITAT, 2002).

Another factor is high (and rising) incidences of urban poverty. A UNAIDS study in Zambia showed that about 66% of urban households that lost a main breadwinner to AIDS suffered an 80% income drop with 61% of the households having had to move to cheaper housing, 39% losing piped water (World Bank, 2001). The high population densities against a background of low service provision, high poverty levels and cases of violence make the prevalence of HIV/AIDS a cause for concern. As such urban local governments cannot ignore the pandemic.

The burgeoning urban informal settlements, increased demand for burial space and the changing demographic structure of urban populations due to

HIV/AIDS (high numbers of orphans, the elderly, widows etc) place a high demand for local government services. While priorities and targets vary in each country or local authority these vulnerable groups generally constitute a primary target across the continent. For instance Soroti in Uganda, Otjiwarongo in Namibia and Msunduzi in South Africa, among others place a heavy emphasis on orphan and vulnerable children.

This section makes a number of points based on the literature reviewed. However, two of these require further articulation. One relates to the growing realization that the fight against HIV/AIDS is an integral part local governance and service provision. Two is in connection with the fact that urban local government areas as socio-commercial and transportation hubs exhibit higher prevalence rates of HIV/AIDS and thus experience more visible impacts of the disease. It is in this connection that the need for local government to take an active and direct role in the fight against the epidemic. The section that follows provides a general overview of the response categories that are often applied.

3.0. Typical response categories;

There are a number of responses that local governments have or could pursue in terms of addressing the HIV/AIDS challenge in Africa and indeed globally. This section presents these without necessarily discussing them in detail or giving examples in all cases. The intention here is to provide, from literature, the options available. Two approaches to discussing responses are often used in the literature. One is based on a distinction between the broad spectrum of options in terms of prevention, treatment and care including support to survivors on the one hand and the socio-developmental responses on the other. The latter are at times lumped into the support category but in view of the fact that some of the socio-developmental responses may target unaffected communities it is important to make that distinction. Furthermore, this speaks to strategies advocated by those who feel that addressing poverty, rather than directly and perhaps exclusively focusing on HIV/AIDS, constitutes an important strategic response. Socio-developmental responses to HIV/AIDS aim in part to develop a society capable to cope with the epidemic.

Two relates to the distinction between responses by agencies (public, private and/or private voluntary) that are classified either as internal or external. The distinction is based on those targeted by the responses. A response is external if meant to benefit people outside the direct or indirect employ of the agency promoting that response while it is internal if meant for those within. Cases of direct and indirect employment can be typified by local government bodies, NGOs etc where staff members constitute direct employees and councilors/board members are indirect employees.

While external responses are more common, internal ones are often very weak if not entirely absent. It is as if the focus on 'serving the community' is approached without recognizing that to be effective those implementing HIV/AIDS programs have to be 'alive first' and thus require focused HIV/AIDS prevention and care programs, i.e. the workplace response.

In discussing these responses the emphasis is placed on local government bodies in terms of mainstreaming of HIV/AIDS activities in their core and emerging or ancillary functions made imperative by the epidemic (see Appendix 1) as well as internal policies to benefit those in their employ. The section makes no pretense at exhaustiveness but highlights the major clusters of responses. Some of the categories are more theoretical than practical and as such it is important to look at these as part of an iterative continuum.

3.1. Implementation of a National Strategy;

This entails decentralized implementation of a nationally developed and controlled program with little to no local variation of program components. In most respects the resources for the implementation are channeled to local government units through the normal budgetary allocations or as

disbursements through a national agency responsible for overseeing the implementation of the strategy. Africities (2003) notes that the delays in implementing decentralization plans and strategies affect local government bodies' preparedness to implement national HIV/AIDS programs i.e. the decentralization implementation gap is also expressing itself in the implementation of the HIV/AIDS policies and programs. Informed local leadership, effective partnership and adequate capacity are noted as critical ingredients for the implementation of national policies (ibid).

Examples of decentralized implementation of national strategies abound in the continent with Uganda and Zimbabwe being key examples. The two countries implement District Response Initiatives (DRIs) with external support anchored on local government bodies. In Zimbabwe the DRI initiative is funded by UNAIDS and is implemented in seven Rural District Council areas focusing on providing a wholesome response with a specific target on the youth. In one of the Zimbabwean districts (Buhera) the strategic focus of the initiative is on building community responses, adopting relevant National AIDS Policy priorities important in Buhera, strengthening institutional capabilities to manage responses, supporting the greater involvement of political, religious and traditional leaders as well as prevention especially amongst young girls and broader socio-economic impact mitigation (Buhera DAAC, 2004).

Uganda's 'network model' for prevention, care and treatment, which is based making connections across delivery systems and service providers speaks to the importance of decentralization placing world-acclaimed emphasis on behavior change particularly abstinence amongst the youth complimented by life-skills. The response targets the family and community efforts with a basic package comprising psychological support, nutrition, safe water, environmental health and counseling. The approach also broadens access to counseling and testing, orphan support and access to ARV therapy based on the network model, whose success can only be anchored on decentralized delivery.

The collection, dissemination and application of HIV/AIDS related information in decision-making in both the Zimbabwean and Ugandan cases are done in a decentralized manner. This enables informed and faster decision-making. A related program in Zimbabwe is the District Education Management Information System (DEMIS) being implemented in the seven DRI districts by UNESCO to improve monitoring of the impact of HIV/AIDS on the education system. The information tracks teacher and pupil absenteeism by reason enabling the School Heads and the District Education Officers to take corrective action. Although DEMIS is not yet covering the whole country (the other 51 rural local authorities) and not integrated into a national Educational Management Information System (EMIS), it is proving in the pilot districts and schools.

3.2. Offering Leadership and Mobilization Responses;

Local leadership (political, religious and traditional) is critical in mobilizing and guiding local level HIV/AIDS responses as well as actual resources for the efforts. Local government bodies play host to local initiatives in terms of coordination. A continental example is the Alliance of Mayors and Municipal

AMICAALL principles;

1. Inclusiveness.
2. Responsiveness.
3. Gender sensitivity.
4. Sustainability.
5. Accountability.

Source; Africities 2003: 7.

Leaders on HIV/AIDS in Africa's Alliance of Mayors' Initiative for Community Action on AIDS at the Local Level (AMICAALL), launched in 1998 with support from UNAIDS and the UNDP. It is a multi-country program developing a cadre of leaders who inspire and lead local government responses to the epidemic. The initiative aims to promote concrete actions towards limiting the spread and alleviating the impact of the epidemic on the community. It enables

Municipal leaders to be useful in the fight against AIDS within the context of national response initiatives. The Alliance has inspired political commitment to the fight against the epidemic with ten countries (Burkina Faso, Cote d'Ivoire, Tanzania, Malawi, Mali, Namibia, South Africa, Swaziland, Uganda and Zambia) having already launched chapters and concrete programs of action.

For instance Mali's national strategy, which is based on the involvement of every sector and direct participation of people living with HIV/AIDS, decentralized actions and the expansion of effective local responses created the foundation upon which AMICAALL launched its support to local governments in that country (AMICAALL, 2004). The AMICAALL-facilitated plans of action for six local governments in Mali (developed in October 2003) were structured around assessments with regard to the scope of the epidemic, priorities identified and frameworks for short and longer-term actions.

The AMICAALL program structures responses to HIV/AIDS into the three spheres of national, Municipal and community. In Swaziland where the Alliance Chapter was launched in 2000 and works with all eleven Municipalities. AMICAALL works with all Mayors, Chairpersons and technical partners (UNAIDS, UNDP etc) offering technical and management support, direction and coordination services. The initiative also generally facilitates program implementation. At the Municipal level local government and civil society groups form Municipal HIV/AIDS Teams (MHT) facilitate and coordinate delivery of Municipality-based health services. At community level the program engages and works with grassroots groups and uses community participation methods to identify and act on priorities especially in terms of home-based care given that the health system has been overwhelmed by the epidemic. Skills and capacity gaps identified in the process are filled to ensure effective implementation and sustainability.

3.3. Assessment for HIV/AIDS Responses;

The role of a local government body in this instance covers stock-taking of the responses as well as the impact of AIDS in the area falling under its jurisdiction. Taking stock creates a framework for guiding or coordinating efforts as well as actual planning on the basis of scenario mapping and gap analysis concerning coverage and target-group/risk analysis.

Cities like Msunduzi (South Africa) and Blantyre (Malawi) have developed comprehensive and regularly updated data-bases. Windhoek (Namibia) and Jinja (Uganda) are in the process of coming up with 'service directories' providing, among others, HIV/AIDS facts, service and other community-based organizations active in the sector detailing where they operate in the city and their principal activities. For Windhoek the directory will be produced in collaboration with the Namibian Network of AIDS Service Organizations and will contain the Windhoek AIDS policy, the Municipal profile, a city map, AIDS facts and a list of available AIDS services (AMICAALL 2004). Jinja's Directory to respond to and provide a framework for providing ready and updated information to guide city or local government level responses is being developed with joint MDP-ESA and FCM support.

In all the examples cited the role of collecting and collating the information is done in a consultative and participatory manner. As such this broadens access to diverse information sources ensuring that the resultant data-bases are both shared and as comprehensive as possible. Since the analysis of the data is collective the bases for strategies and programs within a local authority area becomes clearer. Challenges in this respect relate to resources for undertaking the initial (and continual) research, storage and updating of the data-bases created.

3.4. Internal Responses;

As entities, local governments need to be HIV/AIDS aware and responsive employers. They need to respond to the challenges of the epidemic in terms of its impact on Municipal workforces. In this case the Municipal workforce is the site of the response although, unfortunately, very few local governments in Africa have comprehensive response (Kelly 2004).

The management of the internal response is invariably located in the Human Resource and Occupational Departments, Health and Safety, special Inter-Sectoral HIV/AIDS Units in the Mayor or Manager's Offices. Main functions of such units include overseeing the provision of a wide range of HIV/AIDS-related services. These services are usually provided within the framework of and HIV/AIDS policy.

3.5. Multi-sectoral and Integrated Response Planning;

Local governments invariably play the role of linking up initiatives by different players while at the same time mainstreaming HIV/AIDS activities into their core functions so that the impact of the epidemic to be addressed using a multi-pronged approach. Kelly et al (2004) presents some of the examples of mainstreaming as follows;

- *Housing*; charging nominal rents to Community-Based Organizations using council buildings, renovating facilities and availing underutilized structures for use by HIV/AIDS programs. For instance, Msunduzi Municipality (South Africa) has donated buildings for use in training and care support.
- *Planning*; providing technical support for proposal development and other resource leveraging assistance to organizations working in the local government area around HIV/AIDS issues.
- *Parks and Gardens*; having medicinal plants in city parks as a way of ensuring widespread availability.
- *Libraries*; using these as information dissemination points. Port Elizabeth and Cape Town both had AIDS Training, Information and Counseling Centers (ATICC), acting as avenues for disseminating information to the community as well as training community organizations (Thomas et al 2000).

Apart from the mainstreaming examples given above, Development Planning models, for instance South Africa's, which is enshrined in legislation (Kelly, 2004) mandate local governments to consult with the communities in the process of coming up with development plans. Although HIV/AIDS issues are not sufficiently articulated in most local government plans, this is slowly going away as the socio-economic impact of the epidemic is increasingly becoming difficult to ignore.

3.6. Coordinating and Supporting Local Responses;

Communities have come up with a number of responses to the HIV/AIDS epidemic mobilizing themselves into support groups and other civic formations. These efforts are often run by committed people but lack resources and invariably require technical support especially for planning and general management. Such initiatives require considerable linking up for both effectiveness and impact. Local governments are better-placed to and often act as coordinators of responses at this level to ensure that AIDS Service Organizations provide quality service in an effective manner and without duplication.

Coordination also entails defining and assigning different roles to different actors based on clear analyses and scenario mapping. Local government bodies facilitate such role definition and assignment in different parts of their local authority areas. Approaching external funders or central government with clearly defined plans of action that are coordinated by relevant local government bodies attracts more attention than presenting seemingly

disjointed plans. Clear coordination structures are easier to work with and hold accountable for actions.

In Blantyre, the city assembly is a conduit for resources to other actors operating in the area from central government as well as external donors. On the other hand in the City of Abidjan (Cote d'Ivoire) NGOs received considerable allocations from the city's annual budget (UNDP/UN-HABITAT, 2002). Thomas et al (2000) also cite Port Elizabeth Municipality, Msunduzi Municipality and the City of Cape Town all in South Africa as having disbursed resources from their budget to agencies involved in HIV/AIDS work.

3.7. Inter-local authority collaboration/networking.

The above responses are mainly defined and executed within individual local authority area. The networking across local authorities is more within the framework of a national policy rather than a conscious effort between or amongst in-country or inter-country local government bodies. There is however a growing number of cases where local government bodies collaborate mainly North-South but also South-South. In partnership with the US Conference of Mayors, the Federation of Canadian Municipalities (FCM) and the Association of Netherlands Municipalities the Alliance is working to promote city-to-city cooperation (Africities 2003). Such partnerships are already in existence in Swaziland and another specific example is the Jinja (Uganda) and Macon (USA) partnership with a strong youth focus.

The above response categories have been tried in a number of local governments but the systematic documentation, analysis and application of such models has been limited. It therefore becomes imperative for these cases to be captured and analyzed as part of developing guidelines that can be followed by others willing to adopt similar models. Such guidelines need not be religiously followed as individual contexts will dictate the most appropriate methodology to apply. Notwithstanding the need to adapt the models to local realities, the analysis and guidelines will act as an important resource and starting point.

4.0. Challenges and Success Factors;

4.1. Disjuncture between Policy Development and Implementation;

A major challenge that affects the fight against HIV/AIDS is the gap between policy development and consistent application/implementation (Kelly et al 2004) is a structural one and relates to the need for capacity. Makoa (2004) in his analysis of the implementation challenges for the Lesotho AIDS policy also makes a similar observation, which in part has delayed implementation of most public policies as well as led to less than optimum results.

4.2. Human Resource Issues;

Based on a study of nine South African Cities Network members¹ Kelly et al (2004) argue that in the context of South Africa, the transformation from apartheid local government regimes through restructuring and amalgamation has delayed appointments leaving key positions vacant. Some staff members with limited capacity are assigned complex responsibilities. A second challenge they note relates to the lack of strategic planning in relation to the impact of HIV/AIDS at both community and local authority levels. Coupled with the financial and technical constraints bedeviling local governments in South Africa and the rest of the continent these factors affect the performance of both the 'traditional' and HIV/AIDS related local government functions.

4.3. Centre-local Relations;

Other challenges affecting local governments' ability to effectively respond to the epidemic lie in the perennial issues of lack of role clarity between central and local government (decentralization issues). Related are challenges associated with the poor integration of vertically decentralized (sector-based) departments and programs with a bearing on HIV/AIDS especially health departments of central government. The frameworks for fiscal decentralization are generally not well articulated for the performance of local government functions let alone HIV/AIDS responsibilities. This is invariably referred to as the phenomenon of unfunded mandates, lack of discretionary budgets to support project start up or program development as well as the challenges of inter-governmental transfers.

4.4. Definition of Local Government Coordination Functions;

The coordination of local level responses, which is the hallmark of the AMICAALL initiative, is often constrained by the fact that local government is traditionally allocated service provision functions with limited coordination responsibilities. Generally, central government retains coordination functions for itself in the majority of cases. Except in situations where the structures for implementing HIV/AIDS interventions are clearly decentralized, the

¹ Cape Town, Durban, Johannesburg, East London, Pretoria, Bloemfontein, East Rand, Pietermaritzburg and Port Elizabeth.

situation can present challenges. At the same time non-state actors' general resentment of government-run interventions as well as a perception that central/local government initiatives are generally inefficient often stand in the way of coordinated approaches.

4.5. Funding mechanisms;

The importance of significant funding is demonstrated by experiences in Uganda where, with funding from mainly USAID/Uganda, the country has been able to implement its policies and programs. Notwithstanding human resource and other challenges, availability of funding delivered innovatively and flexibly is an important factor in the fight against HIV/AIDS at either central-local government level or private-private voluntary sector level. Given the necessity for diverse responses (in terms of both focus/targeting and nature) it is important to have a robust funding regime, which unfortunately is not fully developed. Zimbabwe's inability to access funding under the Global Fund for HIV/AIDS, TB and Malaria has affected its proposed and current programs.

The extent to which funding conduits enable or constrain local networking and collaboration is an under-researched area. Similarly the implications of local funding e.g. Abidjan's example cited above, although still limited in the continent is another area that requires further analytical treatment. At the moment global resource conduiting and mobilization still has an emphasis on central government. As discussed in connection with the constraints associated with incomplete decentralization plans and strategies funding is also affected. The Malawian case where local government bodies receive funding for forward transmission to agencies working on HIV/AIDS issues in their localities with monitoring support from designated international agencies (personal communication with Mushamba 2004) is a uniquely innovative strategy. Key lessons (positive and negative) have to be drawn from the experience for dissemination to other local government bodies and agencies.

4.6. Unique (especially urban) demographics;

Msunduzi (South Africa), Buhera and other DRI districts (Zimbabwe), Otjiwarongo (Namibia) and Soroti (Uganda) among other local authorities have targeted youths in their efforts. This is in recognition of the unduly heavy burden imposed on them by the burgeoning populations of orphans and vulnerable children. Programs pursued have covered the full gamut of responses as discussed in section 3 above with a particular emphasis on life-skills.

A recent article in the New Era (Windhoek) notes that over 70% of commercial sex workers living in informal settlements in the city tested positive (New Era-Windhoek 2005). In Bamako (Mali) a 1987 test amongst sex workers indicated a 39% prevalence rate reaching 74% in 1992. These two

examples, while generalizable within the two countries require a bit of caution when applied across the continent. However, high urban concentrations of particularly able-bodied youths the majority of whom are poor, unemployed and thus vulnerable to the disease make it important to address how local government bodies can deal with these population segments. The challenge arising from the demographic uniqueness of urban areas goes beyond HIV/AIDS issues to cover other urban services.

The growing phenomena of widows and other households losing breadwinners to HIV/AIDS is also a socio-economic feature that is quite apparent in urban areas although rural local government bodies are also experiencing similar demographic changes. The nature of services offered by local authorities in terms of HIV/AIDS and other services has to be responsive to this population reality.

4.7. The gender challenge;

UNAIDS/WHO (2004) and UNAIDS/UNFPA/UNIFEM (2004) among others observe that the HIV/AIDS prevalence amongst women and girls is more than 50% of total prevalence. Biological differences as well as gender discriminatory social norms are often attributed as causes of this. Prevalence amongst pregnant women is as high as 37.5% in KwaZulu-Natal (South Africa) whereas the national prevalence is reported to be dropping below 20%. Botswana, Lesotho, Namibia and Swaziland also record prevalence amongst pregnant women of above 30% providing sufficient evidence that the burden is heavy on women.

UNAIDS et al (2004) notes that one of the major factors leading to high prevalence amongst women is gender based violence and quoting the Secretary General's Task Force on Women, Girls and HIV/AIDS in Southern Africa identify some of the key actions as follows;

- Collapsing the gender infection gap.
- Protecting female enrolment figures.
- Protecting women and girls from the infection risks arising from violence.
- Protecting women and girls to own and/or inherit land.
- Addressing gender norms, violence, stigma and discrimination, which potentially constrain women's access to treatment and care.

Analyses at local government level need to focus on these gender issues so that effective strategies can be developed. At the same time the same issues arising from lack of gender parity affect the delivery of other services. In this respect therefore, the gender challenge permeates all local government functions and has to be addressed effectively.

4.8. Key Success Factors;

Some of the cases/innovations discussed below however, have managed to overcome a good number of the challenges presented in this section. The

important success factors, as noted by AMICAALL (2004), Makoa (2004) and Kelly et al (2004) include the following;

- Sound political leadership and commitment is a very important factor. In practical terms this may include or can be a result of securing the buy-in of the highest political office at 'Town House', providing capacity building to councilors and tying their performance to HIV/AIDS as well as other developmental issues.
- Effective and broad-based community mobilization and capacity building. The case of Msunduzi, where a broad based partnership with NGOs/CBOs/FBOs, the University, funding agencies, health facilities and the Children in Distress Network (CINDI).
- Partnerships beyond government (Blantyre and Msunduzi).
- Coordination through specially created or existing council structures e.g. Johannesburg AIDS Council with representatives from a broad spectrum of the society (UNDP/UN-HABITAT 2002) acting as an Advisory body to the Mayor and the Blantyre City AIDS Coordinating Committee (Bandawe, 2004).
- A multi-sectoral response focusing on relevant interventions.
- Effective use of information in part aided by establishment of information or multi-purpose centers for instance in Blantyre (Bandawe, 2004) and Otjiwarongo in Namibia.
- Addressing the needs of the most vulnerable groups. This galvanizes community responses because communities find little reason to distance themselves from indisputably needy groups. Where efforts are seen to be targeting people with means or are corruptly administered community support can be limited. At the same time targeting agreed constituencies focuses efforts and impacts on the relevant people especially where community-based targeting mechanisms are factored into the implementation processes.
- Thorough and ideally collective situational analyses to guide strategic planning, implementation and monitoring of responses. Action research or collaborative inquiry methods help raise attention towards the needy and galvanizes broad-based responses.
- Innovative and significant funding levels such as being extended to the Alliance by ACBF, the Stop AIDS Now and AIDSFONDS Foundations.
- Long-term commitment by and/or from different actors including the private sector. An example is the extension of pro-bono support to

increase financial management and program management in Municipalities offered by Price Waterhouse Coopers under a partnership agreement with the Alliance.

5.0. Selected Cases/Innovations;

This section presents some of the cases for which material was accessed as part of the study. The intention in presenting these cases is to highlight some of the ways in which they were established, the key success factors and the lessons that can be drawn for application in other contexts.

5.1. The City of Manzini-Swaziland;

Manzini is the biggest urban centre in Swaziland. The city developed a multi-sectoral action plan and proceeded to establish a Trust. The Trust is inclusive in terms of composition as it is made up of Council, the Law Society, Institute of Accountants, Medical and Dental Society, the Council of Churches, Federation of Employers, Swaziland Business Community, Coordinated Assembly of NGOs, people living with AIDS and the Ministry of Housing and Urban Development.

The multi-stakeholder participation has benefited the program immensely as the different agencies provide technical expertise and services to community groups in liaison with Community AIDS Action Committees at ward level. For instance, the involvement of the Church, which serves upto 80% of the country's population in the HIV/AIDS struggle (AMICAALL 2001), meant a significant increase in coverage.

The Manzini initiative was developed with the support of AMICAALL and within the framework of a 2001 ACBF-supported program. The AMICAALL program was built around advocacy and program development, technical capacity building of Municipalities and urban communities to develop and manage local responses as well as a service/product development aspect covering a wide range of services. A national coordination office with full time staff provides facilitation and capacity building services at the Municipal level.

In addition to the Trust, which is the policy, legal and coordination structure for the management of the response, a Municipal HIV/AIDS Team (MHT) is responsible for the implementation of the program working closely with all CBOs and government agencies involved with HIV/AIDS. The details of the service are as shown in table 1 below;

Table 1; Multi-sectoral service provision in Manzini;

Service/product type.	Agency providing.
Free legal aid and counseling.	Swaziland AIDS Support Organization.
Psychological support including grief counseling.	Swaziland Association of Mental Health.
HIV testing.	AIDS Information Center and the Family Life Association of Swaziland.
Social welfare.	Council staff coordinated and supported by the Hlanganani Help Centre ² .

Source; AMICAALL 2004.

Specific program activities include institution building, community mobilization, advocacy, resource mobilization, skills development, information sharing, support to community projects and general monitoring and evaluation. These activities create a platform for coordinated action managed under the auspices of AMICALL, which is the designated lead agency in terms of the local government response to HIV/AIDS.

5.2. The City of Abidjan-Cote d'Ivoire;

Cote d'Ivoire's 198 local governments or communes are headed by directly elected councils. Abidjan, the capital, established an AIDS Committee in 1996 in recognition of the huge challenges associated with HIV/AIDS. The committee was immediately entered into the budget and received allocations for supporting HIV/AIDS initiatives. The money (\$3 500 in 1998, \$2 100 in 1999 and \$2 100 in 2002) was distributed to various NGOs in the city. The momentum was also increased through the city's hosting of the first International Symposium on Mayors and the role of Local Government in the fight against HIV/AIDS (December 1997) organized in collaboration with the Union of Cities and other stakeholders. The Symposium was organized during the 10th International Conference on AIDS and STDs in Africa (ICASA) at which the Alliance Chapter was also launched. Budgetary allocations and creation of a dedicated structure provides evidence of the city's commitment to the HIV/AIDS challenge.

5.3. The City of Blantyre-Malawi;

One of the issues that prompted the Blantyre HIV/AIDS response was the high incidence of parent to child transmission given the high prevalence rate amongst pregnant mothers in the city. Other factors include the burden HIV/AIDS placed on health delivery, the limited number of programs in the City Assembly area and lack of coordination of initiatives already in place. The City Assembly did not have a formal policy let alone a program.

² The Centre offers counselling, support, awareness, lifestyle education, information and communication support, legal aid around insurance, inheritance of deceased estates, employment etc. The Centre also provides an advocacy service for the most vulnerable groups, general and mental health services and HIV testing. An aggressive marketing strategy has been established to ensure effective use of the facility seen as a pilot for other cities.

Commitment to allocate resources to the cause was also lacking as there was no mainstreaming of HIV/AIDS into Municipal service provision save for the Health Department, albeit with limited resources (Kumwenda et al 2004).

Recognizing the above, and within the overall national HIV/AIDS policy and program for Malawi, Blantyre City Assembly (BCA) conducted a detailed city profiling and consultation. This enabled the Assembly to fully understand the issues and gaps regarding the epidemic. BCA recognized HIV/AIDS as a public health, social and economic development challenge. However, on assessing its own capacity, BCA realized that it could not directly offer and manage the HIV/AIDS response but through providing leadership and coordination for a coordinated effort. Although these are recent developments BCA has made a lot of progress including the following³;

- BCA has established a Resource Centre at 'City Hall' creating a focal point for the general public and other stakeholders in the HIV/AIDS sector. Because of the existence of an Internet connection the centre is popular with Journalists and patronage is reportedly already picking up.
- A City AIDS Coordinating Committee (CACC) with a membership of 24 has been created. Members include BCA, NGOs/CBOs/FBOs, the University of Malawi, the Business Coalition Group and Citizens representing various interest groups especially those of the disadvantaged. The CACC has a Projects Review Committee to appraise all requests/proposals coming to BCA making recommendations to the CACC. The November 2004 round saw the approval of 12 initiatives, which will start from January 2005 with BCA being optimistic that more funding from the National Aids Commission (NAC) for distribution to organizations working in its area.
- BCA and the CACC (and by extension the whole program) receives technical input and support from Save the Children (USA), which is the 'Umbrella Organization' for the area under the NAC's initiative to have different international organizations working in designated parts of Malawi to provide support and thus backstop Malawian organizations working on HIV/AIDS issues.
- The City's Health Department, which is at the centre of the initiative, had registered 76 NGOs/CBOs and FBOs working in the city as of December 2004 and proceeded to brief them on the procedures for requesting funding from the National Aids Commission with all requests passing through BCA.
- The local authority receives NAC funding for onward transmission to approved proposals (enhancing council visibility and strengthening its

³ Based on e-mail correspondence between Bandawe and Mushamba (December, 02nd 2004) and personal communication between myself and Mushamba (December 3rd, 2004).

coordination role) as well as funding for BCA coordinated events like a proposed World AIDS Day function for January 2005 and a proposal for activities to cover the city.

5.4. The City of Msunduzi-South Africa.

The Msunduzi Municipality (Pietermaritzburg) in KwaZulu Natal Province is one local government which has demonstrated the political will and leadership to develop and manage a comprehensive HIV/AIDS strategy. Its work is based on partnership and shared responsibilities that go beyond 'City Hall'. The strategy came from within the Municipality in part prompted by demand from concerned local groups. The Municipality started with a city-wide consultation process to develop a wide partnership base for developing and managing the strategy. The City Health Department and partners conducted a situation analysis, impact scan and survey of existing services and with the support of the University of Pretoria a workshop to share information and develop a strategy was convened in 2001 (i.e. strategy in place since then).

The partnership that emerged is led by an elected Steering Committee meeting regularly with Municipal administrative support. The whole partnership responsible for the implementation of the strategy comprises the following;

- Councilors and key staff.
- Representatives of three (3) public hospitals and thirty-nine (39) local clinics.
- Forty-five (45) NGOs and CBOs.
- Sixty (60) Faith-Based Organizations (FBOs).
- Funding Agencies (Oxfam GB and others).
- A Coalition or Network of about sixty (60) organizations concerned with Children in Distress (CINDI).

The Msunduzi intervention program is built around three areas. The first one is on education, awareness and prevention aimed at reducing infection rates, making condoms available, promoting changes in sexual behavior and supporting the acceptance of people living with HIV/AIDS. The second strand of the program covers treatment and care for people living with HIV/AIDS through a continuum of care that is known and administered professionally. The third and last component is for the care and support for vulnerable children and orphans both those infected and affected through provision of food, shelter, schooling and general support.

Another overarching aspect relates to continuous monitoring and evaluation of interventions in each component of the strategy. Also two commitments anchor the strategy and its pursuance. These are a commitment to provide the best possible service to all citizens and provision of a continuum of care. The latter comprises the whole gamut of services from point of infection through

death, burial, deceased estate administration and care for surviving dependents especially orphans.

The success of the strategy has also been underwritten by broad-based local partnership, full-time and dedicated council staff and the strong civic leadership of the Municipality. Implementation is based on individual partners' comparative advantages, nurturing participation and being dynamic and responsive to the changing environment. In terms of capacity building processes the Municipality works with an intermediary organization specifically mandated with this function as well as connecting organizations locally and nationally. This is also complimented by Council's direct support to organizations e.g. donation of buildings for use in training. Kelly (2004) refers to this as tiered supported to the non-state sector where some receive direct support from public agencies while others receive support through intermediary agencies.

5.5. Otjiwarongo (Namibia);

The city with about 28 000 people is in the process of developing a multi-purpose Help Center which will be used to provide prevention, counseling and support to orphans and other affected households. This is in keeping with the city's commitment to building an integrated, safe, healthy and prosperous town. The strategy for achieving this effective service is cited as a partnership approach informed by cooperative governance and equity. However this commitment is being threatened by the city's HIV/AIDS burden as the prevalence is 18% compared to the national average of 23.3% against a background of a 60% poverty level whereas the country has a 34.5% poverty level.

Otjiwarongo's efforts are guided by the AMICALL initiative which was launched in the country in 2001. The Association of Local Authorities in Namibia (ALAN) gave its full backing to the initiative given the crisis. This paved the way for the development and application of an AMICALL chapter and actions plans at the local authority level with the city being one of the champions of the initiative.

The role of the city has to date been in leading the community-based actions identification of needs and priorities consultations with stakeholders. The priorities include support to extended family units and community care giving mechanisms, affected and infected people, awareness raising, orphan and vulnerable children and increasing access to care and treatment.

The multi-purpose Help Center is the center-piece of the city's response and targets young people, affected households and the community at large. Specific services available at the center include;

- After-school study facilities, youth development and recreational activities.

- Temporary boarding facilities for orphans without immediate access to extended families.
- Training of community counselors.
- Community awareness and education.
- Food, clothing and school fees support.
- A referral service for services not readily available at the center.

The Help Center is an SOS (skills, opportunities and self-reliance) program working as a vocational training and youth development focus with private sector partnership. The latter enables youth internships, placements and mentorship through which some youths are earning a living as well as contributing to society. The center receives support, among others, from the Organizational Education Resources and Technical Training and International Cooperation (ORT-IC).

5.6. Systematizing Responses;

The importance of systematic responses lies at two levels. One relates to the accessibility of such responses to other actors. The other is in terms of galvanizing other actors i.e. Municipalities play a catalytic role that enables action at a broader level. This subsection deals with both aspects of systematization.

a) **Creating a Directory;** one of the principal innovations in the fight against HIV/AIDS at Municipal level has been the creation of Directories of services and service providers available in a local government area. As a 'living' document, i.e. if regularly updated Directories play two roles. One is to make information readily available to the general public on basic facts and trends about the disease, the services as well as indicating the gaps. The other relates to galvanizing attention or mobilizing actors to generate and provide information on which referral systems, general networking and effective service delivery can be modeled. Besides the principle of a 'living document' other important aspects in developing and maintaining a Service Directory include;

- City-wide and participatory consultation.
- Clear processes for initiating and regularly undertaking data collection for updating the Service Directories using participatory methods.
- Ensuring easy access to the information in terms of the manner in which it is kept and presented as well as the location. In some local governments e.g. Blantyre, the local government hosts the information centre.

- Proper targeting of the type of information. For instance, one of the major points of focus of the Accra City Assembly has been on children. Abidjan established an information center with a games room, among others, and the Hlanganani Help Centre in Manzini is also one of the examples that reflect a focus on youths. Given the serious challenge associated with orphans and street children local governments like Msunduzi, have proceeded to develop strong partnerships with the Network concerned with Children in Distress (CINDI).

b) Developing a city-wide AIDS Action Plan; the recognition of a partnership approach as well as decentralized strategies for delivering HIV/AIDS services has taken root amongst local governments. The bases upon which the partnerships are developed include city-wide consultations. Msunduzi and Blantyre are typical examples of local governments that developed their programs based on thorough consultations, which enabled a detailed profiling of the HIV/AIDS situation (trends, facts and actors including services and actual spatial coverage). The process of developing an action plan is as important as the plan itself. If participatory, this makes leadership of a coordinated response easier. The steps that can be followed to come up with a shared plan include;

- Undertaking a city profile that details the HIV/AIDS situation in the local government area.
- Conducting city-wide consultations of identified players using interviews or participatory workshops or a combination of these and any other methods that ensure rigorous and broad-based consultations.
- Outlining, assigning and agreeing actions based on the comparative advantages of involved institutions.
- Designing monitoring and evaluation processes.
- Distilling an action plan complete with structures for managing the activities e.g. the Municipal HIV/AIDS Team in Manzini, the City Assembly Coordinating Committee in Blantyre, an elected Steering Committee in Msunduzi or other relevant structures.

c) Creating Information Centers; the disease and its impact change rapidly making availability of up-to-date information important. At the same time organizations and groups involved in the sector are formed quite regularly making it important to have a facility through which information is accessed for use in planning and managing responses including identifying and linking up with other organizations. The information centers are a source of information (hard copies, audio-visual or electronic material and Internet accessibility) and also act as a meeting point.

The diversity of services provided and the location of the center determine patronage. At the same time, as with Hlanganani in Manzini, a marketing strategy to ensure relevant patronage can also make a difference. It is important to observe that an Information Center is an important social space where ideas are generated and new needs either lodged or identified. As such the management of the facility has to be robust enough to focus on the on site use of the information. The other use of an Information Center is as a depository facility in terms of new information and needs.

d) Creating Response Management Structures; These could be of two types. One is within council/the Municipality, which could be either a committee of council or a new executive office. Two is a multi-stakeholder structure where both council and non-council stakeholders form a management structure to manage responses. Which-ever structure one of the important issues discussed below relates to the transformative nature of the partnership approach to responding to HIV/AIDS. Of importance is to analyze the comparative advantages of either structural arrangement vis-à-vis the issues emerging from the situational analysis (epidemic focused and institutional/actor).

Local governments are expected to and actually do play leadership and coordination roles with respect to the programs they are designing. In most instances new structures are created and whether within or outside local governments the implications are fundamental as more and more organizations (private sector, NGOs/CBOs/FBOs etc) are given partnership status placing different demands on the local authority.

The increased accessibility of 'city hall' is forcing a change in governance cultures from bureaucratic, closed and hierarchical to more open, participatory and cooperative governance arrangements. In the process the relationship between central government and local governments is changing as the fight against HIV/AIDS has created an impetus for institutional development, which although under-researched at the moment, is quite noticeable. AMICAALL, the city consultations and other initiatives all create opportunities for new ways of working with far-reaching implications.

In creating the structures for management of HIV/AIDS responses the overall leadership of local government is widely articulated. The core principles of socio-institutional inclusion or broad-based participation are at the center of effective coordination of responses. The cases discussed in various sections of this report reflect these principles. The methodology or process of city consultation creates a firm premise for creating structures that will sustain broad-based enthusiasm in terms of planning and managing responses.

Irrespective of the levels of representation in the structures, provision of structured capacity building support is an essential part of retaining both commitment and focus. The cases discussed and identified place limited importance on this preferring to emphasize capacity building of grassroots organizations. While important, this should not be pursued at the expense of or without balancing it with capacity building of local governments as well as any special structures created to manage the responses. Grassroots capacity building processes for a burgeoning civil society sector with a myriad of responses creates huge strategic management demands.

e) Resourcing Matters; for the activities agreed to be implemented financial and other resources will be required. The City of Abidjan constitutes one of the very few local governments that developed and directly supported HIV/AIDS response programs. Others largely rely on the normal and usually external sources of funds for their efforts. In terms of central government disbursements fiscal transfer blockages are replicated and therefore affect the effectiveness of HIV/AIDS responses. With limited discretionary budgets, the effectiveness and sustainability of local government responses especially for smaller ones remains in doubt. The analysis of resource capacity issues in terms of the 'scanned cases' is limited and requires serious attention.

6.0. Emerging Lessons and Issues;

This section seeks to pull together some of the emerging issues that the scan, despite being incomplete illuminates. The overall thrust is one of highlighting areas that need attention and perhaps within the framework of 'an on-the-ground case analysis' need to be further analyzed. It is however important to acknowledge the many best practices captured above in as far as they constitute a broadened front for addressing HIV/AIDS issues. This is at the level institutional involvement as well as the creative/innovative responses that are being applied. From Msunduzi's continuum of care through to complete repertoire (Box 1 below), one observes the concerted efforts that local governments in Sub-Saharan Africa are deploying to the fight against HIV/AIDS.

6.1. Decentralization and HIV/AIDS;

While the framework for this paper has not been specifically about decentralization, some of the challenges that affect the effective implementation HIV/AIDS responses relate to lack of clear role definition between the different spheres and tiers of government. The role of local government in the fight against HIV/AIDS is organically growing rather than proceeding on the basis of changes in statutes or institutional re-orientation on the part of central governments. Others have argued that the effect of decentralization on HIV/AIDS responses and the epidemic's impact on decentralization require deeper analysis. It is as if the political discussions around decentralization have been suspended and a 'get on with it' approach adopted. Whether this is sustainable or this will create an irreversible status as regards center-local relations is not clear.

Box 1; In-exhaustive list of local government HIV/AIDS services or products;

1. Voluntary Counseling and Testing.
2. Community-Based Feeding Schemes.
3. Prevention of Parent to Child Transmission (PPTCT).
4. Home-Based Care.
5. Information, Education and Communication.
6. Integrated Recreation Activities.
7. Condom Distribution.
8. Legal Aid and Support.
9. Psychosocial Support/Counseling.
10. Social Welfare Support.
11. Vocational Training and Material Support.
12. Orphan and Vulnerable Children Support (fees etc).
13. Burial and Deceased Estate Administration.

Source; Various.

6.2. Funding of Responses;

In terms of issues funding as discussed in 5.5.d) above is one important factor affecting responses. It is important to reiterate that the scan showed that few local governments allocate their own resources towards their HIV/AIDS programs. At a broader level the issue relates to the issue of decentralization

6.3. Coping with & Structuring Organic Responses;

The rapid growth of a myriad of organic HIV/AIDS responses has placed a management challenge on local governments. Civil society organizations come up with new programs notwithstanding the ever increasing numbers of these organizations themselves. Capturing and systematizing these cases/responses is very important and to date not much investment has been put into this. The diversity of stakeholders also makes identification of gaps and nurturing of possible strategic partnerships a challenge. This is because the flexibility and competencies required in terms of program and process management are often unavailable at local authority levels. It is therefore important to be conscious of these challenges if the best is to be gotten from the diverse organic responses.

6.4. Working in and/or Managing Partnerships;

Working in partnerships as evidenced by, among others, the Msunduzi case study, is a new experience for most local governments. Creating and managing these is difficult and the Msunduzi, Abidjan and Blantyre models discussed above have been relatively successful. However, capacity building efforts have been limited. As such momentum is kept more by resources, the humanitarian concern for and the direct impacts of HIV/AIDS which are felt daily and by almost everyone than by clear capacities being deliberately developed. The consistent gap between policy formulation and

implementation attributed to structural barriers like lack of capacity (Makoa, 2004, Kelly et al 2004) also affects the fight against HIV/AIDS.

Partnerships are often constrained by the perception-based differences between non-state-actors and public agencies regarding performance and comparative advantages, among others. At the same time capacity disparities (staff skills and/or numbers, resource endowment, institutional contacts and networking arrangements etc) and value premises also affect the evolution and sustainability of partnerships. As discussed above in this paper, skills to work in and manage partnerships are important but not many local governments possess them.

6.5. Capacity and Capacity Building;

The capacity discussion is pertinent to local governments (staff and councilors) as it is to other local institutions. Apart from the fact that HIV/AIDS issues constitute new responsibilities, local government capacity has been a perennial problem in much of Sub-Saharan Africa. The HIV/AIDS responses are perhaps hastening the illumination of the capacity gaps and providing an opportunity for expeditious resolution of the challenges. However, as noted, local government capacity development framed within the HIV/AIDS-decentralization nexus is not yet fully developed.

6.6. Documenting Best Practices and Developing Guidelines;

An important aspect that also needs attention relates to the limited availability of distilled cases and guidelines that local governments can follow to respond to the challenge. While the AMICAALL initiative is being rolled out and has a consistently applied capacity strengthening component the gap between local government innovators and laggards appears to be widening. More similar initiatives are needed. At the same time availing the cases in a distilled form with some guidelines i.e. more of and beyond the World Bank Handbook will go a long way in this respect.

7.0. Conclusion;

Local government bodies are established to facilitate the development of and sustain or nurture economically prosperous and socially stable communities. They constitute the interface between national public policies and local needs influencing the policy-making and implementation cycles. As such social and economic challenges that occur in society are experienced more starkly at this level. It is the view of decentralization enthusiasts that local governments constitute the best venue for addressing problems. This is despite doubts being expressed about the link between poverty reduction and decentralization. Crook et al (2001) conclude that responsiveness to the poor at the local level is rare as it is a function of center-local relationships. They also note that positive outcomes are mainly associated with strong commitment by a national government to promoting the poor's interests at the local level.

Notwithstanding these questions, decentralized service delivery has gained currency and selected international experiences confirm the importance of the approach in development. The HIV/AIDS challenge is also being addressed at the local government level with much success as some of the cases cited above show. Critical lessons that can be drawn from the literature include the learning by doing that is embedded in the cases. The material from which the cases were drawn is mostly recent and as such it is possible to regard the cases as 'baseline cases'. Follow-up evaluation and updating the cases is important so that the impact of the older cases e.g. Abidjan which started in the late 1990s can be captured.

The other lesson is the issues around which the responses are built relate to the 'implementation gap' i.e. clear policies at national level not being effectively implemented. The implementation gap arises in a way due to resource constraints. The resources that matter in the fight against HIV/AIDS relate to human, financial and organizational or networking. The latter are pertinent to information gathering, collation, processing, storage and dissemination as well as application in decision-making. Organizational skills are also important in relation to executing agreed actions effectively and in a coordinated manner.

The bigger the 'implementation gap', the more visible the 'service gap'. The service gap can be expressed in terms of the number of people not receiving or those receiving inadequate services. This gap can only be reduced by increasing service quality and reach. The latter looks at addressing the accessibility, affordability and availability of relevant services. Responses discussed above have invariably addressed the service and implementation gaps. As noted in section 6 above, some areas need to be strengthened as a way of increasing the impact of existing practices.

Follow-up work is required to extend these and strengthen inter-city/local authority (North-South and South-South) cooperation to share or exchange information as well as assisting each other in institutionalizing best practices. Such internalization benefits from capacity building at both central and local government levels on the one hand and at the community level where different groups and private sector organizations operate. A partnership approach to deliver HIV/AIDS services on the one hand as well as to build actor capabilities has also been discussed.

For all practical purposes continuously building and maintaining the capacities of new and existing structures acting to address HIV/AIDS-related needs is important. This focus on institutional development is central to HIV/AIDS activities. Related is the focus on 'enabling society' particularly the vulnerable groups to regain lost or develop and sustain new and enduring livelihoods. The youth, widows and the elderly heading households constitute a group that requires re-tooling and strategic support of this nature. To achieve the successes aimed for resource mobilization and management constitute important aspects to the discussion.

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Appendix 1; Examples of mainstreaming HIV/AIDS in Municipal functions.

Main Local Government responsibilities.	HIV/AIDS Mainstreaming Examples:
Provision of administrative infrastructure and services.	<ul style="list-style-type: none"> -Providing, displaying, disseminating information and education materials on HIV/ AID prevention. -Ensuring that non-discriminatory policies are implemented and monitored in all areas of LG work.
Providing water and waste infrastructure and services.	<ul style="list-style-type: none"> -Collaborating with local hospitals and parks to ensure that there is a system for safe disposal of needles and effective waste management.
Provision of road and transport infrastructure and services.	<ul style="list-style-type: none"> -Distributing condoms and prevention messages on public bus routes and at bus depots (for drivers, truckers). -Including HIV/ AIDS awareness activities for road & other contracts awarded.
Health and education infrastructure and services provision.	<ul style="list-style-type: none"> -Ensuring that health workers have adequate information about HIV/AIDS. -Enhancing safe medical practices. -Running an effective referral system for all HIV/AIDS and other illnesses & providing testing, counselling, treatment and care. -Including HIV/ AIDS awareness training in school curriculum. -Providing referral system between schools and adolescent health services.
Social and welfare infrastructure and services provision.	<ul style="list-style-type: none"> -Coordinating with health department to establish a referral system for families affected by HIV/AIDS. -Supporting micro-credit and insurance programs for people and families affected by HIV/ AIDS. -Setting up a school-fees fund for orphans.
Provision of economic infrastructure (markets) and services.	<ul style="list-style-type: none"> -Using market infrastructure to display HIV/AIDS prevention messages.
Provision of Land and/or actual structures for residential, business or other uses such as burial grounds.	<ul style="list-style-type: none"> -Identifying and assisting in meeting the housing needs that may result from HIV/ AIDS (e.g., those taking in orphans, child-headed households). -Integrating HIV/AIDS awareness activities into slum upgrading projects. -Identifying buildings that may be used in HIV/ AIDS projects. -Addressing the growing need for burial plots in land use planning. -Supporting the establishment of burial societies.
Agricultural extension (in some cases) service provision.	<ul style="list-style-type: none"> -Identifying & subsidizing families affected by HIV/ AIDS. -Providing training in AIDS prevention and nutrition. -Investigating & supporting use of less-labour intensive farming technologies.
Regulations to ensure a healthy and safe environment.	<ul style="list-style-type: none"> -Fighting HIV/AIDS stigma through legislation, advocacy, and awareness campaigns.
Providing libraries and other information centres, parks, sports and recreation	<ul style="list-style-type: none"> -Integrating HIV/AIDS awareness and anti-stigma messages into public leisure events. -Ensuring access to adequate information on HIV/AIDS to general

amenities.	public.
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Source; Adapted from World Bank,
(<http://www.worldbank.org/urban/hivaidis/bestpractice.htm>).